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found that the quantity of albumin was somewhat increased. During the first twenty-four hours after the patient was in the hospital his urine was carefully measured, only voiding 550 grammes. The patient's condition continued more or less the same, with the exception of a slight fever, running up to 38, the highest from August 13 to 16.

August 17, 10 a. m.: Temperature, 36; pulse, 48. Some trace of albumin was still detected in the urine. The patient had slept soundly during the night, and was asking for solid food.

I based my diagnosis in this case mainly on three important symptoms: (1) The uninterrupted dropping of the pulse rate, not only when the temperature rose, but also when it went down, without correlation in either case between each other, not even after defervescence was ushered in; (2) the stationary temperature without marked remissions or exacerbations during the evening, as compared with that of the morning, while the pulse was falling by about 10 beats daily; (3) the appearance of albumin in the urine in increasing proportions.

Doctor Guiteras arrived from Habana during the morning of August 16 and examined the case in my presence with two other physicians of this locality. He called our attention to the presence of a very slight icterus hue in the sclerotics, which could only be perceived at a distance. Although Doctor Guiteras's impression of the case, after the examination of the patient and the clinical data furnished by me from the time the disease was detected, was that the case was one of yellow fever, and he so expressed it, yet not one of the local practitioners who accompanied him nor any of those who saw the case agreed with his views nor with my diagnosis. They all pronounced the case to be one of gripe and not yellow fever. In view of so much controversy Doctor Guiteras deferred the final decision on the case until the following morning, August 17, when my original diagnosis of yellow fever was definitely confirmed.

As the patient was not able to locate the places he visited in Habana, the focus of infection in that city where he contracted the disease has not as yet been traced.

The Spanish steamship *Miguel M. Pinillos* was carefully refumigated by me and the condition of all the crew ascertained as good on August 15, when she left for New Orleans direct at 6 p. m. The Bureau was notified by cable the destination and date of departure of this vessel from this port.

On August 17 the confirmation of the case of yellow fever was also reported to the Bureau by cable.

As every precaution was taken with the patient while on board by the Cuban authorities and he was landed after the infective stage was over, not bringing any contagion into the city, I will continue to call the sanitary condition of this port only suspicious, as heretofore.

Report from Santiago—Inspection of vessels.

Acting Assistant Surgeon Wilson reports, August 15, as follows:

Week ended August 10, 1906: Bills of health issued to 3 vessels bound for the United States. No vessel was fumigated.

No quarantinable disease has been reported.